# 

SENDER: COMPLETE THIS SECTION	COMPLETS THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece,	A. Signature X  X  B. Received by ( Printed Name)	Agent Addressee C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	
Alaris Health at Hamilton Park 525 Monmouth St. Jersey City, NJ 07302	1	I Ipt for Merchandise
	Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7012 2920 0001 1734 7008 11/4CLS		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

#### 

UNITED STATES POSTAL SERVICES



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

Paul Thomas NLRB, Contempt Litigation Branch 1015 Half Street, SE Washington, DC 20003

սիաիմրիիիննդորհանկինականակիրիի

# **USPS Tracking®**

FAQs >

#### Track Another Package +

**Tracking Number:** 70122920000117347008

Remove X

Your item was delivered to the front desk, reception area, or mail room at 3:09 pm on February 3, 2020 in JERSEY CITY, NJ 07302.

## **⊘** Delivered

February 3, 2020 at 3:09 pm Delivered, Front Desk/Reception/Mail Room JERSEY CITY, NJ 07302

Get Updates ✓

Text & Email Updates	~
Tracking History	~
Product Information	~

See Less ∧

### Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

Exhibit F

**FAQs** 

Feedback